|  |  |   |                |                                |              |                   |       |                   | Application or Docket Number |                   |        |                               |                         |  |
|--|--|---|----------------|--------------------------------|--------------|-------------------|-------|-------------------|------------------------------|-------------------|--------|-------------------------------|-------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOF<br>Effective October 1, 2001            |  |   |                |                                |              |                   |       | 10/049761         |                              |                   |        |                               |                         |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                     |  |   |                |                                |              |                   |       | SMALL ENTITY TYPE |                              |                   | OR     | OTHER THAN<br>OR SMALL ENTITY |                         |  |
| TOTAL CLAIMS   |  |   | . 60           |                                |              |                   | Γ     | RATE FEE          |                              | EE                | 1      | RATE                          | FEE                     |  |
| FOR  |  |   | NUMBER FILED   |                                | NUMBER EXTRA |                   | 8     | BASIC FEE ST      |                              | <u>50</u>         | OR     | Basic Fee                     | 740.00                  |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 6 Ominus 20=   |                                | . 40         |                   |       | x\$ 9= 36         |                              | 60                | OR     | X\$18=                        |                         |  |
| INDEPENDENT CLAIMS   |  |   | minus 3 =      |                                |              | >                 |       | X42=              |                              |                   | OR     | X84=                          |                         |  |
| MULTIPLE DEPENDENT CLAIM P   |  |   | RESENT         |                                |              | +14               |       | +140=             |                              |                   | OR     | +280=                         |                         |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2           |  |   |                |                                |              |                   |       | TOTAL             | 4                            | 10                | OR     | TOTAL                         |                         |  |
| CLAIMS AS AMENDED - PART II  |  |   |                |                                |              |                   |       |                   |                              |                   |        | OTHER                         | THAN                    |  |
| _  | (Column 1) (Column 2) (Column 3) GLAIMS HIGHESY      |   |                |                                |              |                   |       | SMALI             | L ENT                        | ITY               | OR     | SMALL                         | ENTITY                  |  |
| ENTA   |  | REMAINING<br>AFTER<br>AMENDMENT           |                | NUMI<br>PREVIO<br>PAID         | BER          | PRESENT<br>EXTRA  |       | RATE              | ΠC                           | DDI-<br>NAL<br>EE |        | RATE                          | ADDI-<br>TIONAL<br>FEE  |  |
| AMENDMENT  | Total  | ·61                                       | Minus          | - 6                            | 0            | = /               |       | X\$ 9=            | 6                            | 7/                | OR     | X\$18=                        |                         |  |
| AME  | Independent Minus FIRST PRESENTATION OF MULTIPLE DEP |   |                | SMOSA                          | 3            | -/-               | Γ     | X42=              | T                            | 7                 | OR     | X84=                          |                         |  |
|  | FIRST PRESENTATION OF MOUTH EE DEPENDENT CEAM        |   |                |                                |              |                   |       | +140=             | . 7                          |                   | OR     | +280=                         |                         |  |
| 1/100=   |  |   |                |                                |              |                   |       | TOTA              |                              | 1                 | OR     | TOTAL                         |                         |  |
| Z  | 1.1.8.00   | (Column 1)                                |                | (Column 2) (Column 3)          |              |                   |       | DIT. FE           | <b>-</b>                     |                   | ,      | ADDIT. FEE                    |                         |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUMI<br>PREVIO<br>PAID | BER          | PRESENT<br>EXTRA  |       | RATE              | πο                           | DDI-<br>NAL<br>EE |        | RATE                          | ADDI-<br>TIONAL<br>IFEE |  |
|  | Total  | .6  | Minus          | 20                             | <u> </u>     | -                 |       | X\$ 9=            |                              |                   | OR     | X\$18=                        |                         |  |
| AME  | Independent  | NTATION OF MIL                            | Minus          | ENDER!                         | CLAIM        |                   |       | X42=              |                              |                   | OR     | X84=                          |                         |  |
|  |  | NOTATION OF THE                           | CTH CL DLY     | ENDENT CERTIFIC                |              |                   |       | 140=              |                              | 1                 | OR     | +280=                         |                         |  |
|  |  | •   |                |                                |              |                   | AO    | TOTAL             | _10                          |                   | OR     | TOTAL<br>ADDIT. FEE           |                         |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                |                                |              |                   |       |                   |                              |                   |        |                               |                         |  |
| IENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | PREVIO<br>PAID I               | BER          | PRESENT<br>EXTRA  |       | RATE              | AD<br>TIO                    |                   |        | RATE                          | ADDI-<br>TIONAL<br>FEE  |  |
| AMENDMENT C  | Total  | •   | Minus          | **                             |              | •                 | ;     | X\$ 9=            |                              |                   | OR     | X\$18=                        |                         |  |
|  | Independent  | •   | Minus          | ***                            |              | =                 |       | X42=              | 1                            | $\dashv$          | OR     | X84=                          | - A                     |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |   |                |                                |              |                   |       |                   | $\vdash$                     |                   |        |                               |                         |  |
| * If the entry is onlying 1 is less than the entry in column 2 write W in column 3 |  |   |                |                                |              |                   |       |                   |                              |                   |        | +280=                         |                         |  |
|  | the Highest Nu                                       | mber Previously Pa<br>mber Previously Pa  | id For IN THIS | SPACE IS                       | less that    | n 20, enter "20." | ADI   | TOTAL<br>DIT. FEE |                              |                   | OR ,   | TOTAL<br>ODIT. FEE            |                         |  |
|  |  | nber Previously Pai                       |                |                                |              |                   | tound | in the a          | ppropri                      | kod ets           | in con | emn 1.                        |                         |  |